COLUMBIANA EXEMPTED VILLAGE SCHOOL DISTRICT

Request for Professional Development Reimbursement

Teacher Name _____ Date of Request _____ School Year _____

From 7/1/13-6/30/16 CEA Master Contract – Article VI: Compensation, Section M: Professional Development Reimbursement -- Requests for reimbursement for a yearly benefit period must be filed with proper documentation to the Superintendent by June 30 of the benefit period. Reimbursement for the yearly benefit period shall be paid by July 31, following the close of the benefit period. All hours taken by bargaining unit members under this policy shall be limited those for certification or licensure purposes (first masters, 6 semester hours per five year licensure cycle, renewal, or upgrade). Credit hours earned for which the bargaining unit member was paid a stipend for attendance and/or was paid for a regular work day are not eligible for reimbursement.

If a bargaining unit member has a question as to whether a course will be reimbursed under this policy he/she should contact the LPDC before taking said course. All approvals or denials by the LPDC shall be in writing. The LPDC will determine eligibility for reimbursement and provide the necessary information to the Treasurer's office by July 15th of each year for processing of payments.

Requests must be on file with the Superintendent by June 30th for the preceding school year, (generally summer through spring terms). Actual utilization during any July 1 – June 30 period shall determine the percentage of payment due. All required documentation MUST be on file prior to the yearly benefit period payment date.

REIMBURSEMENT IS REQUESTED FOR:

*TYPE CODE:	A – Course taken toward first masters
	B – Course taken toward 6 semester hours per five year licensure cycle
	C – Course taken for renewal
	D – Course taken for upgrade

College _____ Term Taken _____ Hours ____ ____
Sem Qtr
Course Title _____ Type Code* _____

College _____ Term Taken _____ Hours ____ ____
Sem Qtr
Course Title _____ Type Code* _____

College _____ Term Taken _____ Hours ____ ____
Sem Qtr
Course Title _____ Type Code* _____

TOTAL HOURS _____ _____
Semester **Quarter**

Please accept this as my application requesting Tuition Reimbursement. I understand that, upon approval, I will be reimbursed at the reimbursement rate (calculated yearly) per quarter hour, or per semester hour, or actual cost of credit hours, whichever is less. To qualify for reimbursement, I will submit in support of this application:

- An official transcript
- A copy of a fee receipt for the credits showing the number of credit hours and total cost
- A university fee schedule specifying per-hour fees

I understand that should the total bargaining unit request for reimbursement exceed the agreed-to amount, the individual reimbursement rate will be reduced.

Signed _____
Teacher Signature

Request Approved _____ Date _____
Superintendent Signature

2/11/14